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FEC FORM 2
STATEMENT OF CANDIDACY

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PUBLIC RECORDS

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			סו	MOA	
(a) Name of Candidate (in full) STEVEN DAINES					
(b) Address (number and street)	67.01				
PO BOX 1598	Check if address changed			FEC Identification	Number
(c) City, State, and ZIP Code			S2MT0009		
HELENA	MT 59624		3. Is This Statement	New	Amende
. Party Affiliation	T		ict of Candidate	(N) OR	(A)
REPUBLICAN PARTY	Senate	MT	00		
D	ESIGNATION OF PRINCIPAL (CAMPAIGN	COMMITTE	 EE	
	amed political committee as my Principal Ca		ittee for the2	2020 electi	ion(s).
NOTE: This designation should be	filed with the appropriate office listed in the	instructions.	(yea	r of election)	
(a) Name of Committee (in full)					
STEVE DAINES FO	OR MONTANA				
(b) Address (number and street) PO BOX 1598					
(c) City, State, and ZIP Code					
HELENA		MT	59624		
			00027		
DE	ESIGNATION OF OTHER AUTH (Including Joint Fundraising I	Representatives	s)		On behalf of my
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** [ADDITIONAL] (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) ZINKE DAINES VICTORY ACCOUNT (b) Address (number and street) 228 S WASHINGTON ST. STE. 115 (c) City, State and ZIP Code **ALEXANDRIA** VA 22314 **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** [ADDITIONAL] (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE:This designation should be filed with the principal campalgn committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 3 /
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend fund	s on behalf of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full)		
ZINKE DAINES VICTOR	Y ACCOUNT	
(b) Address (number and street) 228 S WASHINGTON ST. STE. 115		
(c) City, State and ZIP Code		<u>-</u>
ALEXANDRIA	VA 22314	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds	s on behalf of my
NOTE:This designation should be filed wit	th the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		
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(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		



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DANA K. MACCALLUM SUPERINTENDENT

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